

A

Please type a plus sign (+) inside this box →


PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|--|--------------------------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i> | Attorney Docket No. | NC25565 |
| | First Inventor or Application Identifier | HUMPHREYS, Morris |
| | Title | MOBILE STATION AND ELASTOMERIC COVER |
| | Express Mail Label No. | EL664600321US |

| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
|---|--|
| <p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 11] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> [Total Sheets 6]</p> <p>4. Oath or Declaration [Total Pages 6]</p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i></p> <p style="margin-left: 40px;">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> | <p>5. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p style="margin-left: 40px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 40px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="margin-left: 40px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
| ACCOMPANYING APPLICATION PARTS | |
| <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 1 Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p style="margin-left: 20px;">* Small Entity <input type="checkbox"/> Statement filed in prior application <input type="checkbox"/> Status still proper and desired <i>(PTO/SB/09-12)</i></p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>14. <input type="checkbox"/> Other: <u>Certificate of Mailing</u></p> <p>15. <input checked="" type="checkbox"/> Other: _____</p> | |
| <div style="border: 1px solid black; padding: 5px;"> <p>* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</p> </div> | |

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____/_____
 Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| 17. CORRESPONDENCE ADDRESS | | | | | |
|--|--|---|--|--|--|
| <input checked="checked" type="checkbox"/> Customer Number or Bar Code Label | |  (Insert Customer No. or ready bar code label here) | | or <input type="checkbox"/> Correspondence address below | |
| Name | | Robert C. Rolnik, Esq. | | | |
| Address | | 26933 | | | |
| | | PATENT TRADEMARK OFFICE | | | |
| City | | State | | Zip Code | |
| Country | | Telephone | | Fax | |

| | | | |
|-------------------|-------------------------|-----------------------------------|----------|
| Name (Print/Type) | Robert C. Rolnik, Esq. | Registration No. (Attorney/Agent) | 37,995 |
| Signature | <i>Robert C. Rolnik</i> | Date | 11/29/00 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 750.00

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | Unknown |
| Filing Date | 11/29/2000 |
| First Named Inventor | HUMPHREYS, Morris |
| Examiner Name | Unknown |
| Group Art Unit | Unknown |
| Attorney Docket No. | NC25565 |

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 50-0270
Deposit Account Name: NOKIA INC.

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 710 | 201 355 | Utility filing fee | 710.00 |
| 106 320 | 206 160 | Design filing fee | |
| 107 490 | 207 245 | Plant filing fee | |
| 108 710 | 208 355 | Reissue filing fee | |
| 114 150 | 214 75 | Provisional filing fee | |

SUBTOTAL (1) (\$ 710.00

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 19 | -20** = 0 | 18.00 | 0 |
| 3 | -3** = 0 | 80.00 | 0 |
| Multiple Dependent | | | |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 103 18 | 203 9 | Claims in excess of 20 | |
| 102 80 | 202 40 | Independent claims in excess of 3 | |
| 104 270 | 204 135 | Multiple dependent claim, if not paid | |
| 109 80 | 209 40 | ** Reissue independent claims over original patent | |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | |

SUBTOTAL (2) (\$ 710.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 390 | 216 195 | Extension for reply within second month | |
| 117 890 | 217 445 | Extension for reply within third month | |
| 118 1,390 | 218 695 | Extension for reply within fourth month | |
| 128 1,890 | 228 945 | Extension for reply within fifth month | |
| 119 310 | 219 155 | Notice of Appeal | |
| 120 310 | 220 155 | Filing a brief in support of an appeal | |
| 121 270 | 221 135 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,240 | 241 620 | Petition to revive - unintentional | |
| 142 1,240 | 242 620 | Utility issue fee (or reissue) | |
| 143 440 | 243 220 | Design issue fee | |
| 144 600 | 244 300 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | 40.00 |
| 146 710 | 246 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 710 | 249 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 710 | 279 355 | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------|-----------------------------------|----------|-----------|--------------|
| Name (Print/Type) | Robert C. Rolnik, Esq. | Registration No. (Attorney/Agent) | 37,995 | Telephone | 972-894-5931 |
| Signature | <i>Robert C. Rolnik</i> | Date | 11/29/00 | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.